

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 8, 2016

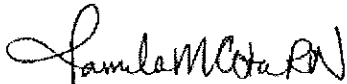
Ms. Jayne Placey, Manager
Hill Street
201 Hill Street
Barre, VT 05641-3920

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on October 26, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/26/2016
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on site complaint investigation was completed by the Division of Licensing and Protection on 10/26/16. The findings include the following:	R100	<p><i>Please see attached for plan of corrections.</i></p>	
R136 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and confirmed by staff interview the facility failed to complete an annual assessment for 1 of 2 sampled residents, utilizing the State required instrument. For Resident #1, the findings include the following:</p> <p>Per medical record review, Resident #1 previously had an assessment completed on 9/15/15. Per interview with the Registered Nurse at approximately 11 AM, confirmation is made that the annual assessment is overdue and should have been completed in September of 2016. Resident #1 was hospitalized for seven (7) days in October (10/17/16 through 10/24/16), the assessment has not been completed as of 10/26/16.</p>	R136		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6898

14R311

If continuation sheet 1 of 13

R136 - RA49 POCs accepted 12/8/16 mbebrand/RJ/pmc

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R145	Continued From page 1	R145			
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview the facility failed to ensure that 1 of 2 sampled residents has a care plan that reflects current care needs. For Resident #1, the findings include the following:</p> <p>Per medical record review, Resident #1 has had changes in his/her condition in the past year and a recent hospitalization for an injury that resulted from an improper application of a mechanical lift pad used for transfer. The resident spent 7 days in the hospital and was treated for a traumatic injury of the left labia, left thigh and severe sepsis.</p> <p>Per review Resident #1's care plan, last updated 7/13/15 by the Registered Nurse (RN), identifies the resident communicates by answering "Yes" and "No" questions, s/he requires assistance to stand/pivot to get out of bed, requires two person assist with all transfers and if unable to assist with transfers s/he needs to be Hoyer (mechanically) lifted. Daily exercises need to be done to each extremity to maintain muscle tone. Some days</p>	R145			

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If continuation sheet 2 of 13

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R145	Continued From page 2 the resident can dress self and enjoys doing activities of daily living on his/her own. Resident #1 is able to feed self. Per interview with the resident care attendants, Resident #1 requires staff to complete all personal care. S/he is unable to feed self, s/he is mechanically transferred for all transfers, s/he does not ambulate nor is s/he able to stand. Resident #1, is unable to verbally communicate and physician documentation identifies the resident to be nonverbal. S/He has contractures of bilateral arms, shoulders, wrists and hands. Staff confirm that they complete range of motion exercises by providing bathing and dressing, but there is no specific instructions identifying the exercise program. Per interview with the RN at approximately 11 AM, confirmation is made that the current care plan does not reflect the resident's current needs and has not been updated since 7/13/15.	R145			
R146 SS=G	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the Registered Nurse (RN), failed to instruct and supervise direct care staff regarding the health and nutritional needs of 2 of 2 sampled	R146			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HILL STREET

**201 HILL STREET
BARRE, VT 05641**

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R146	Continued From page 3 residents. For Resident #1 and #2, the findings include the following: 1. Per observation of the breakfast meal at approximately 8:15 AM, Resident #2 was seated in the dining room and was served (by the care attendant), a plate containing scrambled eggs with chopped tomatoes, along with a single serving of yogurt. The resident is able to feed him/herself. Resident #2 began having difficulty, was coughing and expectorating mucous contained saliva. The resident was unable to cover his/her mouth. The Manager approached and assisted the resident during this episode and directed the staff member to puree Resident #2's meal. Confirmation was made by the Manager at approximately 1 PM that the breakfast meal should have been pureed. Per medical record review, Resident #2 requires a pureed diet due to swallowing problems and recurrent aspiration pneumonia. Care plan dated 3/31/16 identifies that Resident #2 requires a pureed diet due to aspiration risk. 2. Per medical record review, Resident #1 has had changes in his/her condition in the past year and a recent hospitalization for an injury that resulted from an improper application of a mechanical lift pad used for transfer. The resident spent 7 days in the hospital and was treated for a traumatic injury of the left labia, left thigh and severe sepsis. Per interview and demonstration by the care attendant at approximately 11:30 AM in the presence of both the Manager and the Registered Nurse (RN), confirmation was made that two (2) employees transferred Resident #1 via mechanical lift and connected the lift pad and the	R146		

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R146	Continued From page 4 straps to the lift improperly. The care attendant confirmed that s/he immediately recognized that the sling was improperly applied, but felt that placing the resident in the recliner could be accomplished in the same amount of time it would take to correct the strap placement on the lift. As the resident was being transferred the lift pad shifted distributing all of the resident's weight onto the left side strap and to Resident #1's perineum. Per facility policy for "Electric Patient Lift" provided by Invacare, Sections 4 "Lifting the Patient" and Section 5 "Transferring the Patient", identifies the following warning: "When the sling is elevated a few inches off the surface of the bed and before moving the patient, check again to make sure that the sling is properly connected to the hooks of the swivel bar. If attachments are NOT properly in place, lower the patient back onto the stationary surface and correct this problem-otherwise, injury or damage may occur". 3. Per observation of a mechanical lift transfer by the surveyor at approximately 10 AM, two (2) resident care attendants were observed transferring Resident #1 from a wheel chair to the recliner. The transfer was completed correctly, but at the completion of the transfer, the lift pad was pulled from under the resident rather than shifting his/her weight from side to side and gently removing the pad. The pulling of the pad could have resulted in injury to the resident's skin. Staff confirmed that they were unaware that pulling the pad away from the resident could cause injury. Per interview with the RN and the Manager confirmation was made that the lift pad should not be pulled from the resident. They confirm that an educational program will be conducted before the week is completed on the	R146			

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R146	Continued From page 5 use of the mechanical lift.	R146		
R152 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (9) Review all therapeutic diets and food allergies with dietary staff as needed to assure nutritional standards are met and are consistent with physician orders; This REQUIREMENT is not met as evidenced by: Based on observation, record review and confirmed by staff interview the facility failed to ensure that 1 of 2 sampled residents receive a diet that is consistent with their needs. For Resident #2 the findings include the following: Per observation of the breakfast meal at approximately 8:15 AM, Resident #2 was seated in the dining room and was served (by the care attendant) a plate containing scrambled eggs with tomato pieces along with a single serving of yogurt. The resident is able to feed him/herself. Resident #2 began having difficulty, was coughing and expectorating mucous contained saliva. The resident was unable to cover his/her mouth. The Manager approached and assisted the resident during this episode and directed the staff member to puree Resident #2's meal. Confirmation was made by the Manager at approximately 1 PM that the breakfast meal should have been pureed. Per medical record review, Resident #2 requires a pureed diet due to swallowing problems and recurrent aspiration pneumonia. Care plan dated	R152		

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R152	Continued From page 6 3/31/16 identifies that Resident #2 requires a pureed diet due to aspiration risk.	R152		
R153 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (10) Monitor stability of each resident's weight; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to consistently monitor weights for 2 of the 2 sampled residents. For resident #1 and #2, the findings include the following: 1. Per medical record review for the past three (3) months, Resident #1 has been weighed twice in the month of July, once in August, no weights obtained in September or October 2016. 2. Per medical record review, Resident #2 has difficulty swallowing and has been hospitalized for aspiration pneumonia and recurrent Urinary Tract Infections on 6/13/16, 10/8/16 and 10/24/16. Since January 2016, Resident #2 has been weighed three times in the month of January, 4 times February, no weights obtained in March, 4 times in April, 2 times in May, 3 times in June, one time in July, 3 times August and 3 times in September. The resident has lost 10 pounds over the past year as noted by the family. The last weight in September 2016 identified the resident at 92 pounds. Per interview with the facility Manager and the Registered Nurse, residents are to be weighed weekly, every Wednesday. Confirmation by Administration that	R153		

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R153	Continued From page 7 weights have not been consistently completed for Resident #1 and #2.	R153		
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.	R160		

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14R311

If continuation sheet 8 of 13

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R160	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview with the facility Manager and the Registered Nurse (RN), confirmation is made that there is no formal procedure for monitoring of side effects for residents receiving psychoactive medications. The findings include the following. Per medical record review at approximately 8:45 AM, Resident #1 has a physician order to receive Zyprexa 5 milligrams (mg) by mouth (PO) in the AM and 7.5 mg PO in the PM. Zyprexa is an antipsychotic medication used to treat Bipolar Disorder. The facility is responsible to monitor the resident for abnormal involuntary movements. Per interview with the facility Manager and Registered Nurse (RN) at approximately 10 AM, confirmation was made that the facility does not have a formal screening process for identifying side effects for those residents receiving antipsychotic medications. The manager spoke with the physician, at this time, who identifies that if side effects are noticed then h/she will document the findings, otherwise there is no formal process or screening tool used for monitoring for side effects of psychoactive medications.	R160			
R242 SS=E	VII. NUTRITION AND FOOD SERVICES 7.1.c. (1) Each home shall provide residents with three nutritionally balanced, attractive and satisfying meals in accordance with these regulations. Meals shall be served at appropriate temperature	R242			

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R242	<p>Continued From page 9</p> <p>and at normal meal hours. Texture modifications will be accommodated as needed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to serve the breakfast meal at appropriate temperatures. The findings include the following:</p> <p>Per observation at 8:10 AM on the dining room/kitchen counter, uncovered plates containing single servings of scrambled eggs with chopped tomatoes, yogurt, toasted buttered bagels and cold poured liquids were sitting on the counter ready for distribution. The resident care attendant (RCA) proceeded to place these plates of food around the table for residents to eat as they arrived. At 8:15 AM, Resident #2 began feeding him/herself. Resident #1 was seated away from the table, for h/she reaches out at items in his/her reach. The resident is placed a distance away to avoid injury. At 8:30 AM the RCA began feeding Resident #1.</p> <p>Per review with the facility Manager, the surveyor brought to his/her attention that food had been stored uncovered on the counter prior to his/her arrival at 8:10 AM. The egg temperature was checked at approximately 8:35 AM and registered at 70 degrees. The yogurt was warm to touch and liquids in tumblers were at room temperature.</p> <p>Confirmation was made by the RCA that the food was cold and had not been heated.</p> <p>(See R 247, R 249 and R 251)</p>	R242	

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R247	Continued From page 10	R247			
R247 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that all perishable food and drink be held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. The findings include the following:</p> <p>Per observation at 8:10 AM in the dining room/kitchen counter, uncovered plates containing single servings of scrambled eggs with chopped tomatoes, yogurt, toasted bagels buttered and cold liquids were sitting on the counter ready for distribution. The resident care attendant (RCA) proceeded to place these plates of food around the table for residents to eat on arrival. At 8:15 AM, Resident #2 began feeding him/herself. Resident #1 was seated away from the table for h/she reaches out at items in his/her reach, is placed a distance away to avoid injury. At 8:30 AM the RCA began feeding Resident #1.</p> <p>Per review with the facility Manager, the surveyor brought to his/her attention that food had been stored uncovered on the counter prior to his/her arrival at 8:10 AM. The egg temperature was checked and registered at 70 degrees. The</p>	R247 R247			

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R247	Continued From page 11 yogurt was warm to touch and liquids in tumblers were at room temperature. Confirmation was made by the RCA that the food was cold and had not been heated. (See R 242, R 249 and R 251)	R247			
R249 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that food handling and storage techniques are safe. The findings include the following: Per observation at 8:10 AM on the dining room/kitchen counter, uncovered plates containing single servings of scrambled eggs with chopped tomatoes, yogurt, toasted buttered bagels and cold liquids were sitting on the counter ready for distribution. The resident care attendant (RCA) proceeded to place these plates of food around the table for residents to eat on arrival. At 8:15 AM, Resident #2 began feeding him/herself. Resident #1 was seated away from the table for h/she reaches out at items in his/her reach. The resident is placed a distance away to avoid injury. At 8:30 AM the RCA began feeding Resident #1.	R249			

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R249	<p>Continued From page 12</p> <p>Per observation of the breakfast meal at approximately 8:15 AM, Resident #2 was seated in the dining room and was served (by the RCA) an uncovered plate containing scrambled eggs that included tomato pieces along with a single serving of yogurt. The resident is able to feed him/herself. Resident #2 began having difficulty, was coughing and expectorating oral secretions. The resident was unable to cover his/her mouth. The Manager assisted the resident during this episode. Across the table were two (2) plates of food containing scrambled eggs with tomato pieces along with a single serving of yogurt and another containing a toasted bagel, both uncovered and exposed to droplets of oral secretions.</p> <p>Per review with facility Manager, the surveyor brought to his/her attention that food had been stored uncovered on the counter prior to his/her arrival at 8:10 AM was moved to the table and was never protected from the environment. The egg temperature was checked and registered at 70 degrees. The yogurt was warm to touch and liquids in tumblers were at room temperature.</p> <p>The Manager confirmed that she was present during Resident #2's coughing episode and witnessed the uncovered plates of food that were contaminated by droplet secretions that resulted from the forceful coughing episode that Resident #2 previously had.</p> <p>Confirmation was made by the RCA that the food was cold and had not been heated.</p> <p>(See R 242, R 247 and R 251)</p>	R249			

Plan of Correction for Hill Street

ID Tag# R136 Plan of correction: RN completed the annual assessment for resident #1 on October 28th, 2016. RN and house manager will utilize the outlook calendar to be sure all assessments are done yearly, unless significant changes with resident should happen prior to the year anniversary date of assessment.

ID Tag# R145 Plan of correction: RN updated resident #1 care plan on October 28th to reflect the changes and current needs. RN is now aware of the requirements and responsibilities of making sure any significant change requires a care plan to be updated.

ID Tag#146 Plan of Correction: During our mandatory staff meeting (11/2/16) a in service "Proper Use of Hoyer Lift" was done for all care providers with special instructions provided by the manufacture of our in home lift as well as proper use of pads. The house manager will assure this in service is mandatory for all care providers, and will not let any care provider perform and lifting of residents without having the in service.

ID Tag#152 Plan of Correction: Care providers were reinstructed on resident #2 special care procedure, pureed diet, as well as reviewing the Modified Barlum swallow Evaluation done by speech pathology. During the homes mandatory staff meeting on 11/2/16. All care providers signed off on receiving this information. If any care provider is observed not following this special care procedure it will result in disciplinary action.

ID Tag#153 Plan of Correction: Weights are being done weekly and written on the treatment sheets effective 10/27/16. The house RN reviews these weekly to be sure they are done and recorded.

ID Tag#160 Plan of Correction: The monitoring of side effects for residents receiving psychoactive medications will be done at each visit by physician prescribing said drug. A reminder of this being required and documented to the physician will be done at each appointment either by the house RN or house manager, whichever is in attendance to the appointments.

ID Tag#242 Plan of Correction: Effective immediately following survey on 10/26/16 no meals will be served until all residents are seated at the table to be sure they are at the appropriate temperature. Care givers were directed by house manager to never prepare meals and leave plates on the counter. They are to prepare plate from stove/refrigerator only when residents are sitting at the table. This is monitored by house manager, assistant manager, and home RN.

ID Tag#247 Plan of Correction: Same plan of correction as ID Tag#242 above.

ID Tag#249 Plan of Correction: Same plan of correction as ID Tag# 242 and #247 for meal temperatures. Also, effective immediately following the survey 10/26/16; resident #2 will have a staff with him during meal times to assist him with covering his mouth when coughing. This was addressed during the mandatory staff meeting. Staff are aware of these expectations as well as the importance for sanitation/spreading of germs. This will be monitored by house manager and assistant manager.

Jayne Placey (Coordinator of Residential Services)

